

## **Critical Psychiatry and Psychology Placement: The Good, The Bad and The Ugly**

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(whilst on placement with Shropshire County Primary Care Trust)

The first thing that needs to be said is that I'm not used to writing. I don't mean writing a piece like this, I mean writing full stop. I don't write letters to friends even though I have friends (honestly) who live far enough away to warrant a letter from me every so often. Of course I've written lots of things during my time within academia, essays, case studies etc. I've also written about clients to other professionals in the form of letters and reports. However, although I'm just about to qualify as a clinical psychologist and should really be very grown-up by now in the writing stakes I feel I am not and practice will hopefully help my predicament (is that the right word?). You see that's another thing, what words to use, although the thesaurus, spell and grammar checks on these new software programs help; am I the only one who thinks that other people must be able to write better than me in half the time?

Anyway, as you've probably spotted by now this piece is into its second paragraph and I'm just procrastinating (that's not a bad word). I'm not getting down to the real business of writing something that is intrinsically linked to that title that hopefully drew your attention to actually read this piece. (By the way that title didn't come easy either - half of it was stolen!).

The inspiration for this article came from the requirements of my final and so-called specialist placement. Apart from several other things, it was a pre-requisite to have two pieces of work published at the end. The placement was originally entitled The Anti-Psychiatry Placement but has recently been changed to Critical Psychiatry and Psychology. This is because it is not simply anti-psychiatry. It is also a critical examination of all aspects of the mental health system, including clinical psychology. It could also be viewed as a philosophical approach in its own right that values service users or survivors of the mental health system. The main issues include empowerment of both users and professionals in being able to work together in a more honest and open way within a system that would seem to negate this (Newnes & Maclachlan, 1996. Several other related pieces include Newnes, 1996; Holmes, 1996; and Newnes and Shalan, 1998. Further core texts include Rose, 1989; Breggin, 1991; Pilgrim & Rogers, 1993, Healy, 1997; Fisher & Greenberg, 1997; and Newnes, Holmes & Dunn, 1999).

There are good, bad and ugly things about my experiences on this placement and I am going to outline some of them. I will also attempt to link them in a coherent manner. The following is not presented in any hierarchical structure and is probably not exhaustive.

## **Psychologists**

I have had meetings with all of the clinical psychologists in the Department of Psychological Therapies, where my placement has been based. The one thing that I was struck by is the collective ideology they all share. Although there may be differences in the perspectives these psychologists take, they all adhere to the ethos of being critical about the mental health system they work in. I have worked in several psychology departments as an assistant/trainee psychologist and have never encountered such unity; I like this sense of 'togetherness'.

## **No Clients**

Perhaps one of the most unusual aspects of the placement is that I have not seen any clients for therapeutic work. Although I did make myself available to see staff who wished to access the Staff Counselling Service, due to other issues unrelated to myself and beyond the scope of this article I have not seen any. This can be viewed in a positive way in that it has been impossible to inadvertently inflict any further distress upon anyone and allowed more time for self-reflection. Alternatively, coupled with the feelings evoked as part of the placement in general (disillusionment with clinical psychology as a profession) and confidence crises that any trainee experiences as they approach qualification, it can be seen quite negatively. There is a danger that your confidence will be affected due to a lack of formal contact with clients.

## **Supervisory Boundaries**

As a trainee I am aware that part of the supervisor's role is to be a source of guidance and support, but ultimately I am being evaluated according to a pre-determined set of skills and qualities that are deemed to be essential for a clinical psychologist. On previous placements this usually means that although you can be quite 'friendly' with a supervisor and 'get on' with them very well as a person, their evaluative role always seemed to remain not too far back in my mind. During the previous six months the evaluative aspect has not felt so prominent. This is perhaps due to the relationship that I have with my supervisor and it is one that I am not used to. I get on with him; he likes a few things I like. For example we have a shared enthusiasm for football and Frank Zappa's musical talents. I have also socialized with him outside work more often than with any other supervisor. I think therein lies the kernel of this; the supervisory boundaries or individualized roles of each of us are more blurred. I am still being appraised but it is different in that this process feels more collaborative when compared with other supervisory relationships.

## **Isolation**

The last six months have been somewhat isolating. This is due to a number of factors. I am from Liverpool and stay in Shrewsbury during the week, as it is preferable to commuting every day. I stay with a retired social worker that I get on with really well. Nonetheless, it can be difficult living away from friends and family. The working week also has periods of time where you are working alone. This time is spent reading and watching video material critical of psychiatry and psychology. This can also prove to be hard at times, not simply because of what is being read or watched but because of the content.

## **Patients' Council**

On the first and third Wednesday of every month I am a volunteer for the Patients' Council at a local psychiatric hospital. Here I visit the wards, usually with another volunteer, and act as an advocate on behalf of the patients. This is an important role, as many patients feel unable to verbalize concerns they may have to staff themselves. This is due to a number of reasons, the most common being, "fear of 'rocking the boat', being singled out as a troublemaker, fear of reprisals, fear of upsetting the staff and difficulties in assertion" (Holmes, 1996, pp25).

This work is also an integral part of the overall placement. Although I have worked on psychiatric wards in the past, I was working in a high security setting and was not aware of how similar the average psychiatric hospital can be. The wards are very disheartening to visit, especially the older wards whose decor and general ambience can be quite depressing. Then you speak to the patients and although many will not be complaining about their stay or treatment in hospital, more often than not, on a visit you will start chatting to a patient who is quite distressed. This can be upsetting, especially when it is time to visit the next ward and you feel that you have done nothing to help alleviate another person's misery. It is at these times that you may find yourself hoping that the visit to the next ward is a quiet one because you do not feel like listening to a similar story of suffering.

At least when I worked as a nursing assistant you could sit and talk with patients for longer (although parts of that job were also very disheartening), and as a assistant or trainee psychologist seeing someone one-to-one for an hour felt better than the above. However, more so than ever before, I have asked myself, is it? I could explore this question in great detail but that, I feel, is another piece in its own right. However, I do feel that I will be able to offer people in distress something as a clinical psychologist as a result of my training and due to the last six months in particular, I think I am in a better position to do so. I have never really seen myself as an expert, but now I definitely don't. I feel a lot more humble. Perhaps the most important thing I have learned is that if you can sit in a room with another person, try to 'be with them' openly and honestly, really work collaboratively with them, and accept that people are the best judges of their own distress, you are on the right lines.

## **Patient satisfaction survey**

Despite the above, a recent survey of patient satisfaction on two admission wards of the same psychiatric hospital revealed that overall the patients are happy with the service they receive (Beesley, in review). The study was a replication of a study conducted two years ago by Long and Shalan (1998). Their results were similar to the more recent study, but perhaps more disconcertingly; the issues that the patients were least satisfied with in 1998 remained the same in 2000. They were still unable to see their Consultant psychiatrist when they needed to, unable to make a drink for their visitors, the ventilation in the smoking rooms was insufficient and they still felt the need for more information and choice regarding available 'treatments'.

## **Knowledge of effects of drugs/ECT**

I have become a lot more aware of the effects of psychotropic medication and 'treatments' such as ECT as a consequence of this placement. Initially I attended a talk by Peter Breggin and found him to be a very good speaker who was enthusiastic and compassionate. Following this I purchased his book *Toxic Psychiatry*. I first thought that the contents of this were horrifying as it flew in the face of the majority of what you are taught on both undergraduate and postgraduate courses in psychology. Naturally you feel that the man is taking an extreme position and he has simply written a polemic. However, when I then started looking at books such as *From Placebo to Panacea* (Fisher and Greenberg, 1997), which is written in a more academic textbook style, you realize that Breggin is not alone in his views. Placebo studies have been shown to have as much impact as any so-called active drug; the current psychiatric classification systems are inherently and logically flawed; meta-analytic studies reveal that the new wonder drugs or SSRIs are no more effective than the older tricyclics (they represent more of a success in terms of the marketing strategies of drug companies); anti-depressant medication does not offer long term alleviation of anxiety or depressive states; stimulant drugs are not the answer to socially constructed labels given to children who do not behave to a predefined norm; the clinical efficacy of neuroleptics is far from established, whilst there is evidence that it can cause brain damage; and this also applies to ECT.

## **Enthusiasm**

The amount of enthusiasm that you have during a placement depends on a number of factors, not least if you like the speciality (e.g. adult, child, learning disability, older adult). I think that your level of enthusiasm or work ethic is also affected on your last placement and this is a view shared by other trainees. You are keen to get your research sorted and out of the way, then there's your final case study and between all this you are keen just to finish training. Your final placement needs to fit in somewhere. As a consequence your motivation levels may not be at their best. This is compounded somewhat when you are reading or watching critical psychiatry/psychology literature and when you are working as a Patients' Council volunteer. It can be disheartening to read, learn and experience lots of things that question the profession that you have struggled so hard and invested so much time to become a part of. As a result I have found myself feeling deflated by it all. I suppose the best analogy I could make to explain this point is the concept of 'burnout'. Any worker who feels this in their job will feel, from time to time, unable to carry on. This can also be the case when you are on this placement. At times you feel that you don't feel like reading how terrible your profession is or you don't feel like going onto the old dreadful wards of the local psychiatric hospital to listen to distressed individuals.

## **Personal Therapy**

Once a week I have fifty-five minutes with a personal therapist. This has been an invaluable experience. Apart from discussing issues that have been outlined above, we have spent time on personal and professional issues. However, these two areas cannot really be split as they are inherently enmeshed. It is good to have some kind of idea of what it's like to be in the other chair, to experience a therapeutic relationship develop from a different perspective, to have another person's undivided attention, to be able to talk about anything in any manner without fear of reproach or judgement, to be reflective about your own internal and external behaviours, to learn

more about yourself, to feel 'eureka' during moments of clarity that appear from the muddiest of waters, put simply, it's good to talk!

## **Would I recommend this placement?**

It might seem that the Critical Psychiatry and Psychology Placement should be avoided, as it can be a very disheartening experience. In one sense that is true, it can be. However, I feel that I have personally gained a lot from it, as it is important to view both sides of the coin. There is often a positive associated with a negative. Not seeing any clients has given me more time for self-reflection, working with the Patient's Council gives credence to the literature I have read, as you hear stories of patients who have not been helped by various drugs, ECT, or so-called mental health professionals, being aware of the effects of psychotropic medication is not a bad thing, it just puts you in a more informed position and personal therapy can only be negative in that at times sessions may be difficult, but I think it should be a mandatory part of clinical training.

I would recommend that any trainee who was considering going on this specialist placement do it as their penultimate one. I say this because it can be quite difficult to do in itself and it also coincides with several academic requirements for the University (major research dissertation, shorter time to complete your last case study).

Finally, a trainee could find this placement very difficult and challenging, but also vitalizing. Before you come on this placement you have to consider this. You could see your pre-conceived ideas about psychiatry, psychology and the mental health system challenged during your training. For me, prior to this placement it was like someone tapping a mirror with a toffee hammer. A few cracks appeared. You could then go on to work as a qualified clinical psychologist and repair the cracks to the mirror by submerging yourself in your new job. You no longer have to worry about the mirror. With this placement my mirror has been smashed with a sledgehammer and I'm glad because when I look at my new mirror it is a more honest reflection, but "maybe a little ugly on the side" (Zappa, 1981).

## **References**

Beesley, F. Do patient satisfaction surveys really create change? Submitted to Clinical Psychology Forum.

Breggin, P. (1991). *Toxic Psychiatry*. London: Harper Collins.

Fisher, S. & Greenberg, R.P. (1997). *From Placebo to Panacea*. Chichester: John Wiley & Sons.

Healy, D. (1997). *The Anti-depressant Era*. Cambridge Mass: Harvard University Press.

Holmes, G. (1996). Bringing about change in a psychiatric hospital: the Patients' Council at Shelton two years on. *Clinical Psychology Forum*, 95, 25-28.

Long, N. & Shalan, D. (1998). *Clinical Placement Report*, Birmingham University.

Newnes, C. & Maclachlan, A. (1996). The anti-psychiatry placement. *Clinical Psychology Forum*, 93, 24-27.

Newnes, C. & Shalan, D. (1998). Fear and loathing in Patients' Council Visitors. *Clinical Psychology Forum*, 111, 27-29.

Newnes, C. (1996). The development of clinical psychology and its values. *Clinical Psychology Forum*, 95, 29-34.

Newnes, C., Holmes, G. & Dunn, C. (Eds.) (1999). *This is Madness: A critical look at psychiatry and the future of mental health services*. Ross-on-Wye: PCCS Books.

Pilgrim, D. and Rogers, A. (1993). *A Sociology of Mental Health and Illness*. Buckingham: Open University Press.

Rose, N. (1989). *Governing The Soul*. London: Routledge.

Zappa, F. (1981). Taken from the track *Dumb All Over*, on the record *You Are What You Is*. Copyright: Pumpko Industries Ltd. Under licence to EMI Records Ltd, England.